

## MINUTES

*(Subject to approval by the Subcommittee)*

### IMMUNIZATION SUBCOMMITTEE of the HEALTH CARE TASK FORCE

January 13, 2010  
Boise, Idaho

Immunization Subcommittee members present were: Senators Dean Cameron and John McGee and Representatives Gary Collins, Carlos Bilbao, and John Rusche. Senator Patti Anne Lodge was absent and excused. Legislative Services Office staff present were Paige Alan Parker, Amy Johnson and Charmi Arregui.

Panel participants were: Richard Rainey, M.D., Idaho Medical Director, Regence BlueShield of Idaho; Susie Pouliot, Idaho Medical Association; Corey Surber, Advocacy & Community Health Coordinator, Saint Alphonsus; Jane Smith, Administrator, Division of Public Health, Department of Health and Welfare; Russell Duke, Director, Public Health District No. 4; Jeremy Pisca, Risch Pisca, PLLC, Pharmaceutical Research & Manufacturers Association (PhRMA) and St. Alphonsus Regional Medical Center; Kurt G. Stembridge, Government Affairs Manager, State Government Affairs, GlaxoSmithKline; Stephen Ryter, M.D., Medical Director, Blue Cross of Idaho; and Christine Hahn, M.D., Office of Epidemiology and Food Protection, Department of Health and Welfare.

Other attendees were: Steve Thomas, Idaho Association of Health Plans (IAHP); Bruce Krosch, Director, Public Health District No. 3; Dick Schultz, Rebecca Coyle and Traci Berreth, Department of Health and Welfare; Kathie Garrett, Family Medicine Residency Program; Benjamin Davenport and Drew Thomas, Risch Pisca, PLLC; Martin Bilbao and Steven Shaw, Connolly & Smyser; Julie Taylor, Blue Cross of Idaho; Paul Nielsen, MedImmune; Julia Robinson, Family Medicine Residency; Teri Barker, Idaho Primary Care Association (IPCA); Mary Lou Kinney, Cover Idaho Kids; Tim Olson, Regence BlueShield of Idaho; Joie McGarvin, America's Health Insurance Plans; Dr. Perry Brown, Family Medicine Residency of Idaho, Idaho Chapter of American Academy of Pediatrics (FMRI/AAP); Brad Iverson-Long, Idaho Reporter; Woody Richards, Blue Cross; Lyn Darrington, Regence BlueShield of Idaho; Bill Deal and Shad Priest, Department of Insurance; Beth Ann Fuller, Amber Chapin, LaTanya Worley and Mark Chafin, NIC Head Start; Juli Coburn and Christian Buhler, Pfizer; Sara San Juan and Teresa Johnson, Head Start; Raulo Frear, Regence BlueShield; Ken McClure, Idaho Medical Association; Sarah Michael, Sanofi Pasteur; Steve Judy and Monica Cavazos, Primary Health Medical Group; and Don Stecher, Novartis (via teleconference).

**Co-chair Senator Dean Cameron** called the meeting to order at 2:10 p.m.

**Representative Gary Collins** moved that the minutes from November 30, 2009 be approved, seconded by **Representative Rusche** and the voice vote to approve was unanimous.

**Senator Cameron** said that a work group put together by the Idaho Association of Health Plans (IAHP) and participants of other entities including **Senator Cameron**, **Representative Collins**, **Representative Rusche**, the Department of Health and Welfare, the Idaho Medical Association and others came up with draft language handed out as DRPAP054 (a copy is available at LSO). Mr. Steve Thomas, IAHP, walked the subcommittee through this draft legislation, a vaccine funding bill based on a New Hampshire model, melded into Idaho statute, based on Idaho's High Risk Reinsurance Pool and customized further through collaborative input.

**Mr. Kurt Stembridge**, GlaxoSmithKline, asked why Section 1 was included in the draft, expressing serious concern about the policy on vaccine selection. He stated that the vaccine selection process represented by this section is archaic; he believes that vaccine selection should be made on the physician level. **Senator Cameron** invited **Mr. Stembridge** to bring forth draft language for another process, but clarified that DRPAP054 represents a codification of the existing system. It is his opinion that this draft should move forward so as to allow children to receive vaccines and to prevent carriers from paying higher prices for vaccines. **Senator Cameron** did not want to debate issues that might sidetrack this legislation.

**Mr. Dick Schultz**, Department of Health & Welfare, said that Section 1 codifies the current process. Codifying the process would remove any question about the department's authority to engage in vaccine selection.

**Mr. Stembridge** commented that the majority of DRPAP054 language came from a New Hampshire model and that New Hampshire allows provider vaccine selection. **Senator Cameron** replied that the New Hampshire model provided concepts but that the present draft is an Idaho solution. He suggested that if the provisions in DRPAP054 change philosophically or in policy direction, the carriers may back away from the table and others as well, since they are comfortable with how the current system operates. If there is a better system or methodology for selecting vaccines, perhaps that issue could be brought forth in separate legislation. Right now, the January 31, 2010, deadline looms. Much work has been done to meet all demands and needs of the various entities involved to come up with something that would be effective immediately.

**Dr. Perry Brown** said that "we as physicians are very appreciative of the collaborative process that occurred in bringing this bill and the collaboration that really occurred between public agencies, the Department of Health & Welfare, insurance plans, physicians, legislators, etc." He believes this provides a great opportunity to be able to allow for group access to vaccines, especially in rural Idaho, in a fiscally responsible manner, especially given the current status of state finances and the national economic situation. His colleagues, locally and throughout Idaho, have expressed their support and thanks for facilitating a single pool of vaccines.

**Ms. Susie Pouliot**, Idaho Medical Association (IMA), commented that in discussions throughout the summer and fall 2009, the IMA has been strongly supportive of a universal vaccine program and expressed appreciation for all collaborators to continue this program. IMA members believe

it to be critically important to maintain access to vaccines for children throughout Idaho, are very committed to this draft legislation and would be very concerned about any other provision that could detract support from moving this draft legislation forward.

**Ms. Corey Surber**, Saint Alphonsus, expressed gratitude for the collaboration that brought forth this draft legislation in such a short time frame. She encouraged support of this concept since it maintains a seamless system for providers and families. Saint Alphonsus had not been involved in discussions about the draft language until this meeting, although **Dr. Matthew Brown** may have been involved. She expressed the need for time to review this draft from the self-funded plan angle, since St. Alphonsus' parent company is based out-of-state.

**Senator Cameron** commented that a question in this discussion is how to address self-funded plans. The option of excluding self-funded plans was discussed. However, if the self-funded plans were excluded, children under a self-funded plan would have higher vaccine cost and physicians would be required to maintain two stocks of vaccine, one for uninsured and participating insurers, and one for the self-insurers. Most self-funded plans, he believes, will find it to be far more cost effective being part of the overall system and paying a lower vaccine rate.

**Mr. Jeremy Pisca**, representing PhRMA and Saint Alphonsus, said he was not involved in the draft language of DRPAP054, and needed to review the draft. Speaking on behalf of PhRMA, he said there is an interest in revising the vaccine selection process.

**Mr. Russell Duke**, representing Public Health Districts, thanked everyone involved in the draft legislation adding that the districts unanimously support universal access. Public health districts provide about 15% of childhood immunizations in the state, so this would have a significant impact on the districts and also to Idaho taxpayers.

**Dr. Christine Hahn**, Department of Health & Welfare, said she was incredibly pleased and surprised that the subcommittee had gotten this far with this draft legislation. She said that from a state perspective, universal access will allow the state to now focus on immunization rates, which has been such a challenge, and this draft is an important stepping stone to improving those rates.

**Ms. Jane Smith**, Department of Health & Welfare, thanked the subcommittee and everyone involved in the collaboration of this draft, adding that it had been an incredible and rewarding experience. She said that the bottom line is that this draft will be important in maintaining access to immunizations and that rates cannot be raised without access.

**Senator Cameron** reiterated that it is the subcommittee's job to make its recommendation to the Health Care Task Force, which would then make its recommendation to the Legislature.

**Mr. Schultz** raised a question as to who was to be represented on the vaccine selection board and who was to appoint these members. A discussion was held to clarify that the vaccine selection board include one member appointed by the Director of the Department of Health and Welfare and one member who represents the immunization assessment board. **Senator Cameron** asked **Mr. Paige Alan Parker** to make those suggested changes to DRPAP054.

**Senator Cameron** announced that DRPAP054 was before the subcommittee for consideration, asking for a recommendation. **Representative Rusche moved that the Immunization Subcommittee recommend to the Health Care Task Force acceptance of DRPAP054 with suggested changes, seconded by Representative Bilbao. The motion passed unanimously by voice vote.**

**Senator Cameron** thanked everyone for their joint efforts and their hard work in bringing forth this draft legislation. The meeting was adjourned at 2:43 p.m.